



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00136)

In the Application of:

Mark Rise, et al.

Serial No. 10/687,306

Filed: October 15, 2003

For: MEDICAL DEVICE SYSTEM WITH RELAYING
MODULE FOR TREATMENT OF NERVOUS
SYSTEM DISORDERS

Confirmation No. 7914

Group Art Unit: 3736

Examiner: Not assigned

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. 1.97 and 1.98, the Applicant wishes to make the following references of record in the above-identified application. This Supplemental Information Disclosure Statement is in compliance with the continuing duty of candor as set forth in 37 C.F.R. § 1.56. Copies of the U.S. patent references cited below are not enclosed. The references are also listed on the enclosed and completed Form PTO/SB/08A.

REFERENCES

U.S. Patent Documents


<u>Patent No.</u>	<u>Inventor</u>	<u>Date Granted</u>
3,918,461	Cooper	11/11/1975
5,995,868	Dorfmeister, et al.	11/30/1999
5,713,923	Ward, et al.	02/03/1998

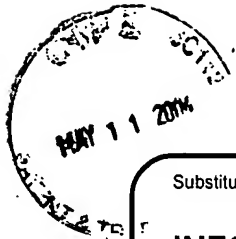
Other Prior Art

1. PCT International Search Report

Respectfully submitted,
BANNER & WITCOFF, LTD

Dated: May 11, 2004

By: 
Binal J. Patel
Reg. No. 42,065



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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete if Known			
		Application Number	10/687,306		
		Filing Date	October 15, 2003		
		First Named Inventor	Mark Rise		
		Art Unit	3736		
		Examiner Name	Not assigned		
Sheet	1	of	2	Attorney Docket Number	011738.00136

U.S. PATENT DOCUMENTS					
Examiner Initials *	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
		US-3,918,461	11/11/1975	Cooper	
		US- 5,995,868	11/30/1999	Dorfmeister, et al.	
		US- 5,713,923	02/03/1998	Ward, et al.	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials *	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)				

Examiner Signature		Date Considered	
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Substitute for form 1449B/PTO

(Use as many sheets as necessary)

Sheet	2	of	2
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Complete if Known

Application Number	10/687,306
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<i>Filing Date</i>	October 15, 2003
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First Named Inventor	Mark Rise
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Art Unit	3736
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Examiner Name	Not assigned
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Attorney Docket Number	011738.00136
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NON PATENT LITERATURE DOCUMENTS

Examiner
Signature

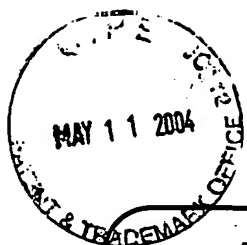
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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/687,306
	Filing Date	October 15, 2003
	First Named Inventor	Mark Rise
	Art Unit	3736
	Examiner Name	Not assigned
Total Number of Pages in This Submission	Attorney Docket Number	011738.00136

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO/SB/08A and B (without U.S. patent references) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> PCT International Search Report <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> -Express Mail Certificate -Return Receipt Postcard
<div>Remarks</div> <p>The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Binal J. Patel
Signature	
Date	May 11, 2004

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